



REPLACEMENT SHEET

4/6

NEW PATIENT		<input type="checkbox"/>	
Erase patient info and measurements? (Y=Yes N=No & Return)			
Exam Category (SET to select)			
* GENERAL IMAGING	VASCULAR		
OB/GYN	PEDIATRIC		
SMALL PARTS			
PATIENT NAME			
LAST: <input type="text"/>	FIRST: <input type="text"/>	MIDDLE INITIAL: <input type="text"/>	<input type="checkbox"/>
PT ID: <input type="text"/>	SEX (M OR F): <input type="text"/>	OPERATOR ID: <input type="text"/>	<input type="checkbox"/>
Accession # <input type="text"/>			
DOB (MM/DD/YYYY): <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HISTORY: <input type="text"/>			
REF MD: <input type="text"/>			
TKBL/RET	to position	ROI Size to page	SET to select EXIT to quit

FIG.4

REPLACEMENT SHEET

5/6

GE MEDICAL SYSTEMS		OB-1 SUMMARY	
LMP: / / AGE:		G O P O A O E O* 12/05/99	
REF MD:		EDD(LMP): / /	
HISTORY:		Ultrasound EDD: / /	
GA(LMP):		Fetal HR bpm	
Ultrasound Age: +/-			
ANATOMICAL SURVEY			
ANATOMY	IMAGED	APPEARANCE	
Gestational Sac	Y/N		
Yolk Sac	Y/N		
Heart Motion	Y/N		
Right Adnexa	Y/N		
Left Adnexa	Y/N		
++++	Y/N		
****	Y/N		
++++	Y/N		
****	Y/N		
COMMENTS			
TKBL/RET to position WORD DEL to delete EXIT to save			

FIG.5

REPLACEMENT SHEET

6/6

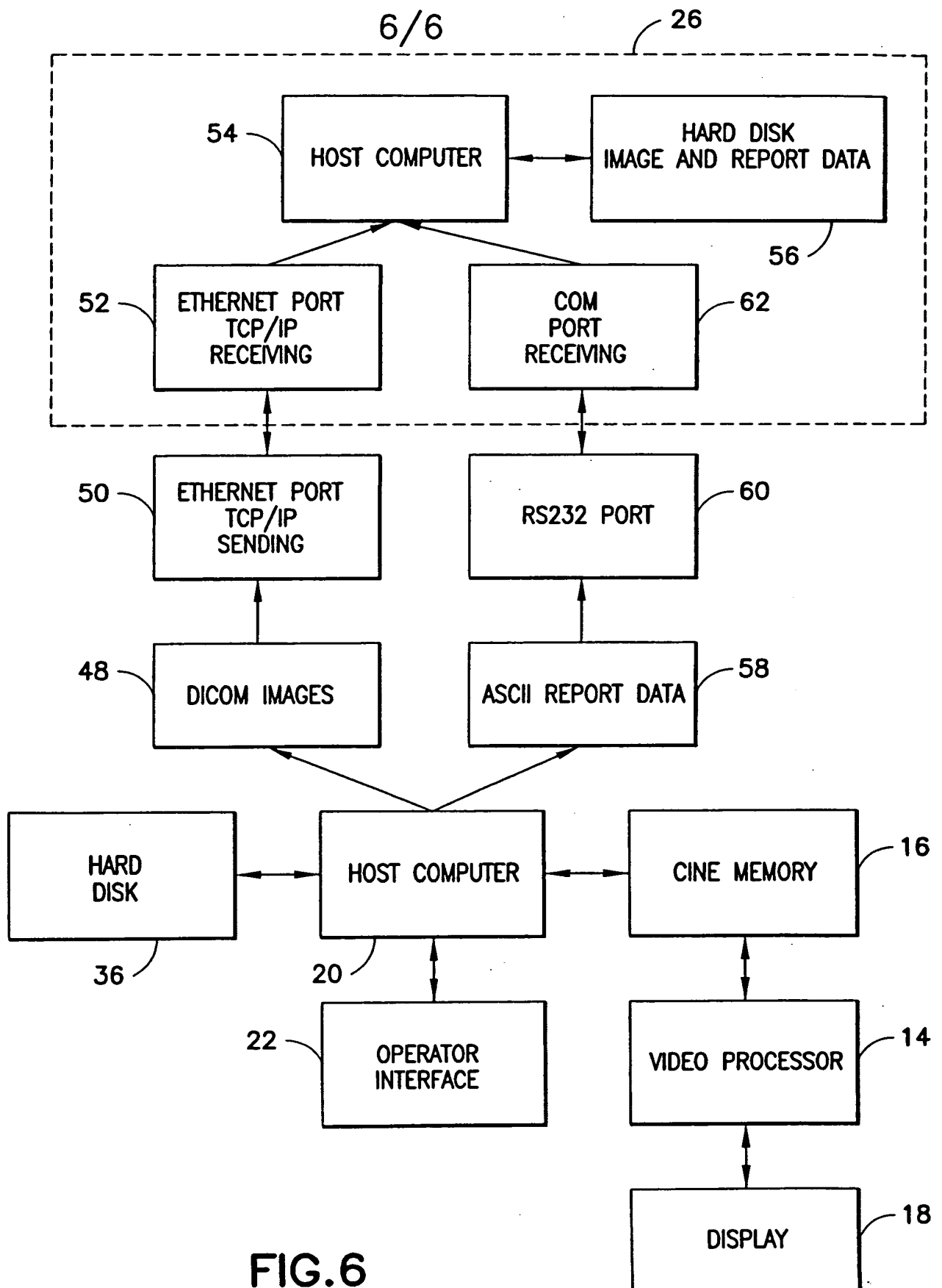


FIG.6